Madam Speaker, for 60 years Ladywood High School has maintained a prominent presence in the Metropolitan Detroit area as a national leader for excellence in education by honoring the pledge made by the Felician Sisters not only to ensure academic distinction but to provide for the spiritual and personal formation of the young ladies entrusted to them. Today, I ask my colleagues to join me in congratulating the administration, faculty, staff and students of Ladywood High School and recognizing their years of loyal service to our youth, our community and our country.

IN RECOGNITION OF HELEN CRAM

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 13, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to recognize Helen Cram and her substantial contributions to political and civic life in Prince William County.

Ms. Cram's political career began when she spent the fall of 1952 handing out ''grip cards'' for her father's successful candidacy for North Dakota State Secretary. The family's victory launched Ms. Cram into a political career that spanned over four decades and consisted of positions in the offices of local, state and federal elected officials.

After two sessions as a Page in the North Dakota House of Representatives and six years in the personal office of a Public Service Commissioner, Ms. Cram moved to Virginia. She joined the staff of the late U.S. Senator from North Dakota, Quentin Burdick, in 1962 and remained in his office for six years. She spent the rest of her time in the federal government working for U.S. Senator Harry F. Byrd, Jr. until she retired in 1982. Discovering that retirement life was not for her, Ms. Cram ended her retirement one month later when she went to work for Delegate David Brickley in the Virginia General Assembly. Ms. Cram served as Delegate Brickley's legislative assistant until 1998.

Throughout her time as a public servant Ms. Cram has remained active in Democratic politics. Ms. Cram became a member of the Prince William County Democratic Committee in 1970 and served seventeen years as secretary of that committee. She was Campaign Manager many times for David Brickley for Delegate; served as Campaign Manager for Chuck Colgan for Senate in 1988; was co-campaign manager with Charlie Gnadt for Prince William County for Senator Harry Byrd; managed five magisterial districts for Paul Ebert for Commonwealth's Attorney; she was the campaign treasurer for Leo Harrison and Lyle Cram when they each ran for Woodbridge District Board of County Supervisors, and served as campaign manager for the Prince William County Road Bond Committee in 1985. She also served for a short time as the aide to the late Coles Magisterial District Supervisor, G. Richard Pfitzner, when he was on the Prince William Board of County Supervisors.

Somehow Ms. Cram also found time to volunteer for several community organizations in Prince William County. She served on the Board of Directors for the American Red Cross; held every office of the Woodbridge Little League Ladies Auxiliary; was District Director for the Little League Ladies Auxiliaries for District 9 (Prince William and part of Fairfax Counties); and was a volunteer for the Boy Scouts of America Troop 1357. Ms. Cram has been the IRS Volunteer Income Tax Assistance Program coordinator at Potomac Library for thirty-one years. She currently serves as secretary to the Prince William County Board of Elections and has been on the Board nine years.

Madam Speaker, I ask that my colleagues join me in commending Helen Cram; a truly dedicated community activist. I would like to extend my personal appreciation to Ms. Cram for her immeasurable impact on the Prince William community.

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010

HON. ALAN GRAYSON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 13, 2010

Mr. GRAYSON. Madam Speaker, the Patient Protection and Affordable Care Act of 2010 is a triumph for American consumers of health insurance and health care. When fully implemented, it will extend health care insurance to 32 million uninsured Americans, covering 95 percent of American citizens and legal residents. It will extend premium affordability tax credits to 20 million Americans and help 4 million small businesses provide health insurance for their workers. By the end of this year it will end some of the worst insurance company abuses such as post-claims underwriting or lifetime limits on coverage. When fully implemented it will ban even more, including health status underwriting and exclusions of pre-existing conditions. This legislation will ''bend the curve'' in the unsustainable growth in health care costs while improving the quality of American health care. It encourages wellness and prevention and will help Americans become among the best informed health insurance consumers in the world.

Such sweeping legislation cannot explicitly address every issue that will arise under its provisions. In the near term, the legislation must be implemented through regulations promulgated by the federal executive agencies—in particular Health and Human Services, Labor, and Treasury—and by the states. Ultimately, the courts may need to interpret some of the provisions of the statute.

It is important, therefore, to set down the intention of Congress as to the principles of construction that should be applied in implementing and interpreting the law. The first and foremost of these is captured in the title of the bill. This legislation should always be construed to protect patients and to make health insurance and health care more affordable for consumers. Whenever the bill is silent or ambiguous on a particular issue it should be construed by a federal or state agency or court to accomplish this goal.

Many of the provisions of this bill, including the premium tax credits and cost-sharing assistance, the individual and employer responsibility provisions, and the Medicare and Medicaid reforms and expansions, must be implemented by the federal agencies. In drafting regulations, the agencies must first and foremost attend to the interests of patients, consumers, and beneficiaries. Many other provisions will ultimately be implemented by the states. The general interpretive principle of the insurance reform legislation in relation to the states is found in section 1321(d), which states ''Nothing in this title shall be construed to preempt any State law that does not prevent the application of the provisions of this title.'' In other words, state laws more protective of consumers are preserved; state laws less protective of consumers are preempted.

Several issues raised by the legislation illustrate the application of these principles. First, nowhere does section 2719, which prescribes internal and external review procedures that insurance plans must follow when consumers appeal coverage determinations, explicitly state that all state and federal judicial remedies remain available if an appeal is denied both internally and externally. Every state, however, provides for judicial review of insurance claims denials in the nongroup market and 29 U.S.C. sec. 1132 offers judicial review of group health claims. These remedies are not expressly displaced by the law, and it is the intention of Congress that they continue to be available to aggrieved consumers.

Second, grandfathering of insurance plans that pre-date the legislation is not forever. A principle announced repeatedly by the President throughout the debate was that ''if you like the insurance coverage you have, you can keep it.'' Congress never intended, however, that if you had insurance coverage you did not like, you would be stuck with it forever. Section 1251 of the PPACA, therefore, should not be interpreted to mean that an insured who is enrolled in a group health plan will never be extended the consumer protections found in the legislation. If coverage under the plan changes significantly, for example through increased cost-sharing for members, the plan's grandfathered status should be lost and the full protections of the legislation apply.

Third, the ban on pre-existing condition exclusions for children under sec. 10103(e) does not merely mean that plans cannot exclude pre-existing conditions from coverage, but also that they cannot exclude children with pre-existing conditions from coverage. The law must be interpreted broadly to achieve its purposes, not narrowly to encourage evasion.

Fourth, the provisions of sec. 2714 of the Public Health Services Act added by sec. 1001 of the PPACA extending coverage to adult children up to age 26 should be interpreted to require the extension of family coverage to cover adult children, not to permit insurers to separately underwrite such children or to require them to pay the full cost of adult coverage.

Fifth, the provisions of sec. 1332 of the PPACA allowing state waivers for innovation are intended to provide maximum flexibility for the Secretary of the Treasury and the Secretary of Health and Human Services so long as the state plan is at least as comprehensive and affordable, and so long as it covers at least as many people as the law would provide otherwise.

Finally, the provisions of sec. 715 of ERISA added by 1562 of the PPACA should be understood to fully extend all of the protections of the PPACA that apply to group health plans to all employment-related health plans, including self-insured plans. The law should also be understood to intend that the full authority of

the Departments of Labor and Treasury in regulating and enforcing the law against ERISA plans is available to enforce the terms of the PPACA.

These are only a few examples of many issues that will no doubt arise in implementing and interpreting the law. The general principles that they illustrate, however, must be applied throughout by the federal agencies, by the states, and by the courts. This law is intended to protect patients and consumers, and whenever it is silent or unclear, it must be construed toward these ends.